PATENT APPLICATION FEE DETERMINATION RECORD Effective November 10, 1998 Application or Docket Number 9/427/49										
CLAIMS AS FILED - PART I (Column 1) (Column 2)							LL ENTITY	OR	OTHER SMALL	
FC)R	NUMI	BER FILED	D NUMBER EXTRA			E FEE]	RATE	FEE
ВА	ISIC FEE						380.00	OR		760.00
TC	TAL CLAIMS		5 minus	us 20= • 45)=	OR	X\$18=	31C.00
INC	EPENDENT CL	AIMS	5 minus	5 minus 3 = * 2			=	OR	X78=	152.00
MULTIPLE DEPENDENT CLAIM PRESENT						+130)=	OR	+260=	
* If the difference in column 1 is less than zero, enter "0" in column 2						TOTA		OR	TOTAL	1726.ca
	C	LAIMS AS	AMENDED		LL ENTITY	=1	OTHER	THAN		
	Theretowers a trope of	(Column 1) (Column 2) (Column 3)						OR	SMALL	
ENTA		REMAINING AFTER AMENDMENT		NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RAT	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
AMENDMENT	Total	. 70	Minus	~ 65	= 5	X\$ 9		OR	X\$18=	90
	Independent	• 5	Minus	*** 5	=	X39:	=	OR	X78=	
₹.	FIRST PRESE	NTATION OF I	MULTIPLE DEF	PENDENT CLAIM					.000	
						+130	!	OR	+260= TOTAL	
						ADDIT. F		OR ,	ADDIT. FEE	90
	Interview Section (Section (Sec	(Column 1)	Decision Service	(Column 2)	(Column 3)			a_ 6		
AMENDMENT B		REMAINING AFTER AMENDMENT		NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI TIONAL FEE	Pi	RATE	ADDI- TIONAL FEE
	Total	• 7	Minus	- 70	= /	X\$ 9	= /FA	OR	X\$18=	184
ARE	Independent	• 5	Minus	*** 5	=	X39=	. /	OR	X78=	·
_	FIRST PRESE	NTATION OF I	MULTIPLE DEF	PENDENT CLAIM		+130	- /	OR	+260=	
							AL EE	OR	TOTAL ADDIT, FEE	
		(Column 1)		(Column 2)	(Column 3)	,		•		
NTC		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEEV		RATE	ADDI- TIONAL FEE
AMENDMENT	Total	. 81	Minus	- 77	- 3	X\$ 9:	2016	OR	X\$184	40.00
ME	Independent	. 5	Minus	··· 5	=	X39=	11		X78=	<u> </u>
⋖	FIRST PRESE	NTATION OF I	MULTIPLE DEF	PENDENT CLAIM		/	-	OR		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.										
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.										

PATENT APPLICATION FEE DETERMINATION RECO							ORI	Application or Docket Number					
	CLAIMS AS FILED - PART I (Column 1) (Column 2)						SMALL ENTITY TYPE OR				ER THAN		
Ľ	FOR	NU	JMBER FILE	D		R EXTRA	٦	RATI		`		L ENTITY	
L	BASIC FEE								380.0	\exists	RATE	760.0	
L	FOTAL CLAIMS		65 minus 20= • 45 minus 3 = •			. 45						┩	
I.	NDEPENDENT.	CLAIMS					X39			\dashv	·	1014	
٨	NULTIPLE DEPE	ENDENT CLÀ	CLAIM PRESENT				1	103-		_ 0	R X78=	151	
	* If the difference in column 1 is loss than any state.						+130=	=	01	+260=			
l	* If the difference in column 1 is less than zero, enter "0" in column 2							TOTAL		Oi	R TOTAL	172	
	\Box		S AMEND			, ,	3·09			_	OTHE	R THAN	
A	(Column 1) (Column 2) (Column 3) CLAIMS HIGHEST					,	SMAL	LENTITY	_	SMALI	LENTITY		
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If the entry in column 1 is less than the entry in column 2, write "0" in column 3. If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." The "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." OR ADDIT. FEE ADDIT. FEE													
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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Inventor:

Richard E. Ward

CENTRAL FAX CENTER

Serial No.

09/427,149

Group Art Unit: 3623

\$55.00 JULL 2 3 2004

Filing Date:

October 25, 1999

Examiner: B. Van Doren

Title:

Automated Care Process

Management System

Client Ref:

Atty Docket No.:

RHS-001

073618

0259567

T-233

Date: July 23, 2004

CERTIFICATE OF FAX TRANSMISSION

I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being transmitted via facsimile to 703-872-9306. Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313 on July 23, 2004.

Rugares Diana Dearing

RESPONSE TO OFFICE ACTION

MAIL STOP AF Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313

Sir:

Request for Extension of Time

Applicant requests a one-month extension of time from July 3, 2004 to the date hereof to submit this response. The Commissioner is authorized to charge Deposit Account 50-2213 (Order No. 073618/0259567) for the requisite one-month small entity extension fee of \$55.00.

08/11/2004 LWALDEN 00000002 502213 09427149

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55.00 DA

09/427.149

PAGE 2/18 * RCVD AT 7/23/2004 4:58:13 PM [Eastern Daylight Time] * SVR:USPTO-EFXRF-1/1 * DNIS:8729306 * CSID:6502334545 * DURATION (mm-ss):05-22

REMARKS

This is a response to the Office Action mailed June 3, 2004, requiring restriction among the claims.

Applicant elects to prosecute the claims in Group I, reserving the right to file one or more divisional applications directed to the non-elected claims in the form previously presented. In this response, applicant has also made subject matter from the claims in groups II and III dependent on independent claim 1 of group I. As such, examination of all of these claims is appropriate.

The complete list of claims, including amended claims, is provided above.

Applicant submits that the above-referenced application is in a condition for allowance, and such a Notice is respectfully requested.

CHARGE STATEMENT: The Commissioner is hereby authorized to charge any missing or insufficient fee which may be required relative to this application, or credit any overpayment, to our Account 03-3975/Order No. 073618/0259567 (RHS-001-U)

> Respectfully submitted, PILLSBURY WINTHROP LLP

REPLY TO CUSTOMER NO. 27498

60369954